
3. Which plenary sessions and workshops did you find most effective and why?

4. What can we improve for next time in terms of meeting content (e.g., topics, sessions, participants)?

5. What can we improve for next time in terms of meeting format (e.g., length of meeting, session format, new CCEEPRC communications system)?

Opportunities for Networking

For each activity you participated in, please rate your overall impression using the following scale: 1=Poor, 2=Fair, 3=Good and 4=Excellent.

	Poor	Fair	Good	Excellent
Coffee with Colleagues (Wednesday morning).....	1	2	3	4
Meet-and-Greet Reception (Wednesday evening).....	1	2	3	4
Affinity Group Lunch Discussions (Thursday)	1	2	3	4

6. What can we improve for next time in terms of networking opportunities?

Meeting Logistics

	Poor	Fair	Good	Excellent
Overall meeting.....	1	2	3	4
Time of year.....	1	2	3	4
Location of hotel.....	1	2	3	4
Hotel accommodations.....	1	2	3	4
Meeting registration process.....	1	2	3	4
Logistics staff assistance.....	1	2	3	4
Meeting materials.....	1	2	3	4
The use of USB drives for resource-sharing.....	1	2	3	4

7. If you rated any of the items above as 1=Poor or 2=Fair, please elaborate.

8. What can we improve for next time in terms of meeting logistics?

9. Do you have anything else that you would like to share?

Thank you for completing this Evaluation Form. Please return this completed form to the Registration Desk, fax it to (240) 399-8471, or e-mail it to opre@blhtech.com.

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future CCEEPRC meetings. Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are **OMB #: 0970-0401, Exp: 05/31/2018**. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ann Rivera (Ann.Rivera@acf.hhs.gov).